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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0347 Manhattan Elem 16 Gallatin Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 3 1551 No Monnett, Erin & Bill 0.50 3 1552 No Veltkamp, Amy 0.25 3 1554 No Biggs, Nina 4.25 3 Vasarella, Joey 0.25 1555 No

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	R INDIVIDUAL AND ISOLATED TRANSPORTATION:

This c	laim is for	the period	beginning	S		, 20	_ and ending		, 20	
				month	day			month	day	
CERT	CERTIFICATION:									
The information on this form is complete and accurate to the best of my knowledge.										
Date Signature, Chair, Board of Trustees										
Country				District.					District Level	
County:	County: District: District Level:									
16 Gallatin 0348 Manhattan H S High School										
District	Contract								Daily	# of Days
#	#	Shared		Family's Name		Rate	Transported			
3	1553	No	Baar, N	Jell					5.00	

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0350 Bozeman Elem 16 Gallatin Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 7 1542 No Gedeon, Zuzana 1.35 7 1544 No Jorgenson, Jeffrey 1.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0351 Bozeman H S **High School** Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 7 1543 No Kossler, Patricia 5.65 7 Bailes, Glenn 1545 No 0.25

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0360 Three Forks Elem 16 Gallatin Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate J-24 1534 No Baumer, Misty 4.25 Irwin, Melanie P J-24 1535 No 3.88

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0362 Pass Creek Elem 16 Gallatin Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 25 1528 No Lambrecht, Dave 1.20 Mitchell, Sarah 25 1529 No 0.65 25 1530 Long, Dawn No 0.80 25 1531 Hedges-Morgan, Tam 0.90 No 25 1532 Miller, Robert D No 0.50 25 1533 No Siemer, Yvonne 1.35

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0364 Gallatin Gateway Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 35 1505 No Ryder, Tricia 0.25 35 1506 No Calvin, Diann 4.00 35 1507 No Forsythe, Sheila 5.25

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

3.00

2.70

DUE
DATES

43

43

1527

2360

No

No

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 16 Gallatin 0367 LaMotte Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 43 1510 No Krushensky, Shelly 3.50 Wittwer, Alisha 43 1515 No 1.95 43 1516 No Stevens, John & Louise 4.00 1517 Allen, Michael 43 No 3.90 1519 Bockhahn, Andy & Don 43 No 1.25 43 1520 No Chamberlain, Glenn & Jane 2.15 Cornforth, Marilee 43 1521 No 4.45 43 1522 Goodwin, Kim 3.70 No 1523 43 No Hickman, Robin & Gaydeana 0.75 Holmes, Mary E 43 1524 No 3.50 43 1525 No Johnson, Carolyn K 2.75 Laferr, Shelley 43 1526 No 1.80

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Niichel, Jon & Cheryl

Megenity, Arin

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
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First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0368 Belgrade Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 44 1003 No Denton, Kelly 0.25 Bloomingdale, Julie 44 1006 No 0.00 44 1511 No Nelson, Lee & Lisa 1.50 1512 Kamisky, Karen 0.93 44 No 1513 Klompien, Todd & Jennifer 44 No 0.50 44 1536 No Washburn, Tami 0.25 1547 Lambreth, January 44 No 0.25 44 1548 Finck, Stacey 1.50 No 44 1549 Weber, Shelly 0.25 No

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0370 Malmborg Elem 16 Gallatin Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 47 1546 No Fischer, Kane & Lin 1.50

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

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District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 16 Gallatin 0374 West Yellowstone K-12 **High School** Contract District Daily # of Days Transported # Shared Family's Name Rate 69 1508 No Coffin, Heather 2.00 69 1509 No Hurst, Laurie 2.25 69 1537 Carrillo, Ma. Antonia C 2.35 No 1538 Watt, Elizabeth & Travis 2.25 69 No 1539 Griffin, Debra & Dana 69 No 1.35 69 1540 No Hitzler, Melissa & Greg 0.95 69 1541 No Austin, Patti 1.00

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
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Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0375 Ophir Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 72 1040 No Morris, Sherrill 4.00 72 McAndrew, Sam & Don 1041 No 4.00 72 1514 No Ross, Eric & Valerie 4.25 2419 Garz-Brewer, Tawnya 72 8.50 No

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0376 Amsterdam Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 75 1550 No Johnson, Dean & Carrie 0.30 75 Stoilov, Kristiu 2289 No 3.60 75 2290 No Meddings, Greg & Lauren 2.60